Effective December 29, 1999														-9
CLAIMS AS FILED - PART I (Column 1) (Column 2)											NTITY	OR	OTHER	
FOR			NUMBER FILED			NUMBER EXTRA			PATE		FEE	1	RATE	FEE
BASIC FEE								·			345.00	OR		690.00
TOTAL CLAIMS			13	<i>O.</i> minus	20=	• 1/0			X\$ 9=	=		OR	X\$18=	1480
INDEPENDENT CLAIMS			/ minus 3 =			• /			X39=	:	·	OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT							+130=	_		OR	+260=	260		
* If the difference in column 1 is less than zero, enter "0" in column 2							· ·	TOTAL	╧		OR	TOTAL	1431	
CLAIMS AS AMENDED - PART II													OTHER	THAN
(Column 1) (Column 2) (Column 3)								SMAL	LE	NTITY	OR	SMALL	ENTITY	
AMENDMENT A		REM Al	IAIMS IAINING FTER NDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	1/	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	130	Minus		130	=		X\$ 9=	4		OR	X\$18=	
	Independent	•	NACE MI	Minus		3	=		X39=	1		ÖR.	X78=	٠.
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								'	+130=			OR	+260=	
								. 1	TOTA	_		OR	TOTAL ADDIT, FEE	
. (0/12/04	(Col	umn 1)	-	(0	olumn 2)	(Column 3)	_	ADDIT. FE	:C L ,	••		ADDII. FEEI	
AMENDMENT B		REM Al	AIMS IAINING FTER NDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	64	Minus	**	130			X\$ 9=			OR	X\$18=	
	Independent FIRST PRESE	• NTATIC	14 ON OF MI	Minus		<u> </u>	= /.1		X39=	1		OR	-X76-	988
			,		LIVE	ENT OBAIN		' [+130=			OR	+260=	
								,	TOTA			OR	TOTAL ADDIT. FEE	968
6	17/05		umn 1)			olumn 2)	(Column 3)	1			•			
AMENDMENT C		REM AF	AIMS AINING TER IDMENT		· I	IGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE		ADDI- FEE		RATE	ADDI- TIONAL FEE
	Total	•	37	Minus	** .	130	=		X\$ 9=	$\cdot \mathbf{I}$		OR	X\$18=	·
	Independent	•	14	Minus	***	17	٩		X39=	\dagger			X78≃.	
	FIRST PRESE	NTATIC	ON OF ML	LTIPLE DEF	PEND	ENT CLAIM		 	+130=	╂		OR		
• 11	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									┸		OR	+260=	
••••!	"If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." TOTAL ADDIT. FEE TOTAL ADDIT. FEE													·

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Application or Docket Number